PTO/SB/06 (8-96)

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Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE rsons are required to respond to a collection of information unless it displays a valid OMB control number. Under the Paperwork Reduction Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD 10/036,600 OTHER THAN CLAIMS AS FILED - PART I SMALL ENTITY OR SMALL ENTITY (Column 2) (Column 1) FOR NUMBER FILED NUMBER EXTRA FEE RATE **FEE RATE BASIC FEE** \$ \$ OR (37 CFR 1.16(a)) TOTAL CLAIMS 29 minus 20 = 9 0 0 OR (37 CFR 1.16(c)) INDEPENDENT CLAIMS 3 minus 3 = 0 0 0 OR (37 CFR 1.16(b)) (37 CFR 1.16(d)) MULTIPLE DEPENDENT CLAIM PRESENT 0 0 OR = 0 **TOTAL** 0 OR TOTAL * If the difference in column 1 is less then zero, enter "0" in column 2 OTHER THAN CLAIMS AS AMENDED - PART II SMALL ENTITY OR SMALL ENTITY (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-⋖ REMAINING NUMBER **PRESENT RATE TIONAL RATE** TIONAL **AMENDMENT AFTER PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR OR Total 0 0 Minus 29 0 22 (37 CFR 1.16(c)) OR Independent 0 Minus 0 2 3 0 (37 CFR 1.16(b)) OR (37 CFR 1.16(d)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM 0 0 OR TOTAL TOTAL 0 OR 0 ADDIT. FEE ADDIT. FEE (Column I) (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI- ∞ REMAINING NUMBER **PRESENT RATE** TIONAL TIONAL **RATE** ristiki **AMENDMENT AFTER PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR OR Total 0 9 0 29 Minus 0 (37 CFR 1.16(c)) OR Independent *** 0 Minus 1 0 3 43 0 (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM 0 0 (37 CFR 1.16(d)) OR TOTAL TOTAL 0 0 OR ADDIT. FEE ADDIT. FEE (Column 2) (Column 1) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING NUMBER **PRESENT** RATE TIONAL **RATE** TIONAL **AMENDMENT AFTER PREVIOUSLY EXTRA FEE FEE** AMENDMENT PAID FOR OR Total 0 0 x S Minus (37 CFR 1.16(c))

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

Independent

Minus

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

(37 CFR 1.16(d))

OR

OR

OR

OR

TOTAL

ADDIT. FEE

0

0

0

0

0

0

TOTAL

ADDIT, FEE

^{**} If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

^{***} If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".